UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

UNIFORM LIMITED OFFERING EXEMPTION

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

OMB APPROVA	L
OMB Number: 3235-00	76
Expires: May 31, 2002	
Estimated average burd	en hours
per response1	

	SEC USE ONLY	,
Prefi		Serial
	DATE RECEIVE	D

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 ULOE	IC NECEIVED
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	C OCT 13 ZUUD
1. Enter the information requested about the Issuer	4.
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	W/ /5/
Allstar Restaurants PROCESSED	185/59
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10 Cedar Meadow Drive, Regina, Sask. S4X 3J6, Canada OCT 2 0 2005	(306) 543-4162
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1458 Broad Street, Regina, Sask. S4R 1Y9, Canada Brief Description of Business THOMSON FINANCIAL	(306)352-1221
Brief Description of Business	
Restaurant business	
Type of Business Organization	i idanii Adidi diivi daiia diixa idiii addid iibdi diix
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):	
business trust	
business trust infinited partitership, to be formed	
	05068725
Month Year	00000120
Actual or Estimated Date of Incorporation or Organization: [1] [2] [0] [4] [X] Actual [] Esti	mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat	
•	. .
CN for Canada; FN for other foreign jurisdiction) [D] [E] NV	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director for corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if individual)					
Terry G. Bowering					
Business or Residence Address (Number and	Street, City, State, Zip Co	de)			
10 Cedar Meadow Drive, Reg	gina, Sask., S4X 3	3J6, Canada			
Check Box(es) that Apply:	Promoter	Beneficial	Executive Officer	X Director	General and/or
		Owner			Managing Partner
Full Name (Last name first, if individual)	<u> </u>				
Edmond Forister					
Business or Residence Address (Number and		de)			
4818 E. Estevan Rd., Phoen					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial	Executive Officer	Director	General and/or
Full Name (Last name first, if individual)		Owner			Managing Partner
· · · · · · · · · · · · · · · · · · ·					
Business or Residence Address (Number and	Street, City, State, Zip Co	de)			
•		•			
Check Box(es) that Apply:	Promoter	Beneficial	Executive	Director	General and/or
check Box(es) that Apply.	I Tomoter	Owner	Officer	Director	Managing Partner
Full Name (Last name first, if individual)		OWNE	Officer		Trianaging Further
Business or Residence Address (Number and	Street, City, State, Zip Co	de)			
Check Box(es) that Apply:	Promoter	Beneficial	Executive	Director	General and/or
		Owner	Officer		Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and	Street, City, State, Zip Co	de)			
Check Box(es) that Apply:	☐ Promoter	Beneficial	☐ Executive	Director	☐ General and/or
		Owner	Officer		Managing Partner
Full Name (Last name first, if individual)					
Business of Basidanas Aldess Number and	Street John State Vin Co	40			
Business or Residence Address (Number and	Suces, Ony, State, Zip Co	···)			
No.					
Check Box(es) that Apply:	Promoter	Beneficial	Executive	☐ Director	General and/or
Full Name (Last name first, if individual)		Owner	Officer		Managing Partner
(
Business or Residence Address (Number and	Street, City, State, Zip Co	ide)			
,	, ,	•			
	(Use a t	lank sheet, or copy and use addition	nal copies of this sheet, as necessary)	

				B. INFOR	MATION A	ABOUT OF	FERING					
Has the iss offering?					on-accredite				Yes	No		
Answer also in Appendix, Column 2, if filing under ULOE.									L_J			
2. What is the minimum investment that will be accepted from any individual?							\$500.00					
3. Does the	e offering pe	ermit joint o	ownership (of a single u	ınit?				Yes X	No		
4 Enter th	e informatio	on requeste	d for each	nerson who	has been o	r will he na	id or given	directly	,			
				•	for solicitati	•		•				
with sales	of securities	in the offe	ring. If a	person to be	e listed is an	associated	person or a	gent of a	l			
					state or state							•
					ssociated w or dealer or		of such a b	roker or	N/A			
Full Name (Last	name first, if indi	vidual)	illiation to	ulat blokel	of dealer of	ny.	 		IN/A			
Business or Resi	dence Address (N	umber and Street	, City, State, Zip	Code)								
Name of Associa	ated Broker or Dea	aler						<u></u>			<u> </u>	
	Person Listed Has						i		10.			
(Check "A [AL]	ll States" or			,			[DE]	-	l States	[GA]	[HI]	uni
[IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC [MA		[GA] [MN]	[MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND		[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA		[WI]	[WY]	[PR]
Full Name (Last	name first, if indi	vidual)										
Business or Resi	dence Address (N	umber and Street	i, City, State, Zip	Code)								
Name of Associa	ated Broker or De	aler										
States in Which	Person Listed Has	Solicited or Inte	nds to Solicit Pu	rchasers								
(Check "A	ll States" or	check indi	vidual Stat	es)				[] A1	1 States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC		[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA		[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND			[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA	A] [WV]	[WI]	[WY]	[PR]
Full Name (Last	Full Name (Last name first, if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)												
											<u></u>	
Name of Associ	ated Broker or De	aler										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
•	Il States" or			•					l States	.		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC		[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA [ND		[MN] [OK]	[MS] [OR]	[MO] [PA]
	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA		[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C	OFFERING PRICE	NUMBER	OF INVESTORS	EXPENSES	AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Sold Already
Debt	\$0	\$0
Equity	\$50,000.00	\$20,000.00
[X] Common [] Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other (Specify:)	\$0	\$0
Total	\$50,000.00	\$20,000.00

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$
Non-accredited Investors	31	\$20,000.00
Total (for filings under Rule 504 only)	0	\$0

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	X□	\$ 750.00
Printing and Engraving Costs	X□	\$ 500.00
Legal Fees	X 🗆	\$1,500.00
Accounting Fees	X□	\$1,000.00
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total		\$3,750.00

4.b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

Į	\$46,250.00			

listed must equal the adjusted gross proceeds	s to the issuer set forth in response to Pa	art C - Question 4.b. above.		
Salaries and fees		\$ \$		
Purchase of Real Estate		\$ \$		
Purchase, rental or leasing and installation of	f machinery and equipment	\$ \$		
Construction or leasing of plant buildings an	d facilities	\$ \$		
Acquisition of other businesses (including the this offering that may be used in exchange for issuer pursuant to a merger		\$ \$		
Repayment of indebtedness		X		
Working Capital		X		
Other Expenses (identify)		\$ \$		
Column Totals		\$46,250.00 \$		
Total Payments Listed (column totals add	ed)	\$46,250.00		
	D. FEDERAL SIGNATURE			
the following signature constitutes an unde	rtaking by the issuer to furnish to the	tized person. If this notice is filed under <u>Rule 505</u> . U.S. Securities and Exchange Commission, upon edited investor pursuant to paragraph (b)(2) of <u>Rule</u>		
Issuer (Print Name)	Signature	Date		
Allstar Restaurants	Ing ly	September 30 th , 2005		
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Terry G. Bowering	Chairman, President & Chief Executi	ve Officer		
	ATTENTION			
Intentional misstatements or o		minal violations.(See 18 U.S.C. 1001)		
	E. STATE SIGNATURE			
1. Is any party described in 17 CFR 230.262	presently subject to any of the disquali	fication provisions of such rule? Yes 🗌 No 🖂		
See Appendix, Column 5, for state response.				
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.				
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the				

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of payments

of this exemption has the burden of establishing that these conditions have been satisfied.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print Name)	Signature	Date				
Allstar Restaurants	Jul My	September 30 th , 2005				
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Terry G. Bowering	Chairman, President & Chief Executive Offi	airman, President & Chief Executive Officer				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ	Yes		Equity-Common \$25,000.00 total	8		13	\$ 12,000		No
AR									
CA	Yes		Equity - Common \$25,00.00 total	7		5	\$ 9,500		No
CO									
CT	· · · · · · · · · · · · · · · · · · ·								
DE									<u> </u>
DC									
FL									
GA									
HI		Ţ					T		
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA						<u> </u>			
MI									
MN		1							

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	State	Yes	No		Number of Accredited Investors
MS								<u> </u>	<u> </u>
MO						<u> </u>	<u> </u>		
MT								 	
NE								<u> </u>	ļ
NV								ļ	
NH								<u> </u>	
NJ									
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NY		,							
NC									
ND						ļ			
OH						<u> </u>			
OK								<u> </u>	<u> </u>
OR									
PA									
RI									
SC									
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VT									
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WV									
WI									
WY									
PR									